those students from attending higher classes who have supplementaries in more than one subject with a view to protect the interests of the students belonging to SC/ST and other backward classes, vulnerable and women sections of the society; and

(b) if so, the details thereof and the action taken by Government thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) A few representations have been received by the DCI in this regard. The BDS Course Regulations framed under the Dentists Act, 1948, *inter-alia*, envisage that any candidate who fails in one subject in a BDS examination is permitted to go to the next higher class and appear for the subject and complete it successfully before he is permitted to appear for the next higher examination of BDS Course. This concession has been given to all the candidates including SC/ST and other Backward Classes. The DCI on 31.12.2008 issued detailed instructions in this regard to all the dental colleges and the universities to which the dental institutions are affiliated to follow this provision of the Regulations strictly for maintaining the highest standard of dental education.

Change of curriculum in BDS and MDS programmes

788. SHRI SATYAVRAT CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the catastrophic changes made by Dental Council of India (DCI) during the last four years in BDS and MDS programmes/ curriculum aimed at promoting the financial interests of private dental colleges has come in for strong criticism in prominent press sections and the concerned quarters;

(b) if so, the details in this regard; and

(c) the remedial action taken by Government to protect the interests of the students community particularly belonging to poor and weaker sections of the society?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The BDS and MDS Course Regulations framed in 1983 have been revised in 2007 incorporating some new subjects in dentistry in consultation with the State / U.T. Governments and other dental experts to bring them at par with the international standard. The duration of BDS course is now 5 years integrated course. Dental Council of India has instructed all States / universities in the country to phase out four years tuition fees into five years to avoid financial burden on students.

Reducing of child mortality rate

789. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the measures taken, if any, during the last five years aimed at reducing the child mortality rate in the rural and urban areas respectively indicating volume of fund allocated for the purpose, year-wise;

(b) whether Government has also put in place adequate mechanism for monitoring implementations therefor;

(c) if so, the salient details thereof;

(d) whether any review of the situations prevailing in rural and urban areas and effect of the measures carried out by any agency (ies) has been made; and

(e) if so, the findings thereof showing their comparison with those prevailed in 2003-04?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The Reproductive and Child Health programme (RCH) II [2005-10] under the National Rural Health Mission (NRHM) [2005-12], comprehensively integrates interventions that improve child health and addresses factors contributing to mortality amongst children.

The Components of child health care which help reduce child morbidity and mortality are as follows:

i. Essential newborn care

ii. Immunization

iii. Infant and young child feeding

iv. Vitamin A supplementation and Iron and Folic Acid supplementation

v. Early detection and appropriate management of Acute Respiratory Infections, Diarrhoea and other infections

vi. Integrated management of neonatal and childhood Illnesses (IMNCI) and Pre- Service IMNCI

vii. Facility Based New Born Care.

Funds under the RCH Flexible Pool are released to the States/UTs for implementing the RCH programme. There is no separate allocation for child health.

The funds under the RCH Flexible Pool allocated year-wise to States is given in the Statement-I (*See* below).

(b) to (d) The Ministry has a system of monitoring of performance data on health interventions reported by the States on a monthly basis. In addition it also undertakes household surveys like the National Family Health Survey and District Level Household Survey that throw light on the impact of the various health interventions and health seeking behaviour of the population.

(e) Comparison of the data of District Level Health Surveys conducted by the Ministry during the period 2002-04 and 2007-08 respectively is given in the Statement-II.

Statement-I

RCH Flexi Pool Funds allocated year-wise in Crores

Year	RCH Flexi pool
2005-06	1698.69
2006-07	1998.13
2007-08	1872.01
2008-09	3126.04
2009-10	3545.00

Statement-II

Comparison of the data of District Level Health Surveys conducted by the Ministry during 2002-04 and 2007-08

Indicators	DLHS-3(2007-08)			DLHS-2 (2002-04)		
	Total	Rural	Urban	Total	Rural	Urban
Child Immunization						
Children 12-23 months fully immunized (%) .....*	54.1	50.6	63.1	45.9	40.0	61.1
Children 12-23 months not received any vaccination (%).....	11.3	12.6	7.9	19.8	23.6	10.0
Children 12-23 months who have received BCG vaccine (%).....	86.9	85.5	90.5	75.0	70.3	87.2
Children 12-23 months who have 3 received doses of DPT vaccine (%).	63.6	60.3	72.1	58.3	52.3	73.6
Children 12-23 months who have received 3 doses of polio vaccine (%)	66.2	63.3	73.7	57.3	51.4	72.4
Children 12-23 months who have received measles vaccine (%).....	69.6	66.6	77.6	56.1	50.2	71.2
Children (age 9 months and above) received at least one dose of vitamin A supplement (%).....	55.0	52.5	61.4	31.1	28.2	38.7
Child feeding practices Children under 3 year's breastfed within one hour of birth (%).....@	40.2	39.4	42.1	27.8	25.1	34.7
Children age 0-5 exclusively breastfed (%).....$	46.4	47.8	42.5	NA	NA	NA
Children age 6-35 months breastfed for at least 6 months (%).....	24.9	25.7	22.8	22.7	NA	NA
Children age 6-9 months receiving solid/semi-solid food and breast milk (%).....	23.9	24.4	22.5	NA	NA	NA

* BCG, three injection of DPT, three doses of Polio (excluding Polio O) and Measles

@ DLHS-2 data indicates children breastfed within two hours of birth.

$ Children who were given nothing but breast milk till the survey date.

Indicators	DLHS-3(2007-08)			DLHS-2 (2002-04)		
	Total	Rural	Urban	Total	Rural	Urban
Awareness about Diarrhoea and Acute Respiratory Infection (ARI).						
Women aware about danger signs of ARI (%).....	57.4	55.0	62.7	41.3	41.6	40.4
Treatment of childhood diseases (women who had live birth during reference period)						
Children with diarrhoea in the last 2 weeks who received ORS (%).....	33.7	30.2	43.3	30.3	25.7	42.0
Children with diarrhoea in the last 2 weeks who were given treatment(%).....	70.9	69.3	75.6	73.2	71.2	78.3
Children with acute respiratory infection or fever in last 2 weeks who were given advise or treatment (%)	71.9	69.4	79.0	73.9	71.7	79.6

SOURCE: Fact Sheet, DLHS-3 2007-08, IIPS, Mumbai

Deaths due to consumption of contaminated water

790. SHRI NANDAMURI HARIKRISHNA:
SHRI M.V. MYSURA REDDY:
Wiil the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the death of about 20 people in Bholakpur area of Hyderabad due to drinking of contaminated water has come to the notice of his Ministry;

(b) whether any help/assistance has been sought by the Government of Andhra Pradesh; and

(c) if so, what assistance or help has been provided by his Ministry to the State of Andhra Pradesh in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the information provided by Government of Andhra Pradesh, 15 persons died of Cholera in Bholakpur area of Secunderabad after drinking contaminated water.

(b) and (c) On a request from Superintendent of Gandhi Hospital, Hyderabad a team from the National Institute of Cholera and Enteric Diseases (NICED), Kolkata, an Institute under Indian Council of Medical Research (ICMR) visited the affected area from the 9th May to 12th May, 2009 for investigation and providing guidence to State health authorities for prevention and control of diarrhoeal diseases.

Backlog vacancies of SC/ST in Health Services

791. SHRI PRAVEEN RASHTRAPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: